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Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

2011

Open to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
 ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning JANUARY 01, 2011, and ending DECEMBER 31, 2011

| | | |
|------------------------------|---|---|
| B Check if applicable | C Name of organization | D Employer identification number |
| Address change | FRATERNAL ORDER OF POLICE 29 LANCASTER COUNTY | 47-0604979 |
| Name change | Number & street (or P.O. box, if mail is not delivered to street addr.) | Room/suite |
| Initial return | 575 S 10TH ST | |
| Terminated | | (402) 441-6500 |
| Amended return | City or town, state or country, and ZIP + 4 | |
| Application pending | Lincoln NE 68508 | F Group Exemption Number ► |

G Accounting Method: Cash Accrual Other (specify) ► _____

I Website: ► N/A

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 63,523

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

| REVENUE | 1 Contributions, gifts, grants, and similar amounts received | 1 | |
|--|---|---|------------|
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 26,694 | |
| | 4 Investment income | 4 5,842 | |
| | 5a Gross amount from sale of assets other than inventory | 5a 22,808 | |
| | b Less: cost or other basis and sales expenses | 5b 23,469 | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c -661 | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b 8,179 | |
| | c Less: direct expenses from gaming and fundraising events | 6c 13,411 | |
| | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d -5,232 | |
| | 7a Gross sales of inventory, less returns and allowances | 7a | |
| | b Less cost of goods sold | 7b | |
| | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 Other revenue (describe in Schedule O) | 8 | |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 26,643 | |
| EXPENSES | 10 Grants and similar amounts paid (list in Schedule O) | 10 100 | |
| | 11 Benefits paid to or for members | 11 25,408 | |
| | 12 Salaries, other compensation, and employee benefits | 12 125 | |
| | 13 Professional fees and other payments to independent contractors | 13 49 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 1,957 | |
| | 15 Printing, publications, postage, and shipping | 15 27,639 | |
| | 16 Other expenses (describe in Schedule O) | 16 -996 | |
| | 17 Total expenses. Add lines 10 through 16 | 17 128,284 | |
| | NET ASSETS | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 129,280 |
| | | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 96 |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | | 20 | |
| 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 | |

For Paperwork Reduction Act Notice, see the separate Instructions.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

| | Yes | No |
|--|-----------------|----|
| 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | X |
| 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | X |
| b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | X |
| c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a | 37b | X |
| b Did the organization file Form 1120-POL for this year? | 38a | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38b | |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 39a | |
| 39 Section 501(c)(7) organizations. Enter | 39b | |
| a Initiation fees and capital contributions included on line 9 | | |
| b Gross receipts, included on line 9, for public use of club facilities | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ | 40b | X |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | X |
| 41 List the states with which a copy of this return is filed. ► NONE | | |
| 42a The organization's books are in care of ► See attachment #3 | Telephone no. ► | |
| Located at ► | ZIP + 4 ► | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | X |
| c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____ | 42c | X |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ► 43 and enter the amount of tax-exempt interest received or accrued during the tax year | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | X |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | X |
| 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | X |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | Yes | No |
|----|-----|----|
| 46 | | X |

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

| | Yes | No |
|-----|-----|----|
| 47 | | X |
| 48 | | X |
| 49a | | X |
| b | | X |
| 50 | | |

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee paid more than \$100,000 | (b) Title and Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1 Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

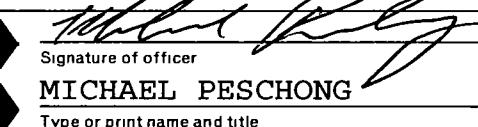
| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

| | | |
|--------------------------|-----|--|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |
|--------------------------|-----|--|

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

| | | |
|------------------|---|-----------|
| Sign Here |  | Date |
| | MICHAEL PESCHONG | 5/15/2012 |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|---|---|--------------------------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name <i>Joan Collier</i> | Preparer's signature <i>Joan Collier</i> | Date <i>5/14/2012</i> | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ► H&R Block | | | Firm's EIN ► | |
| | Firm's address ► 3200 O ST STE C | | | Phone no. 402-441-3670 | |

May the IRS discuss this return with the preparer shown above? See instructions.

| | | |
|--------------------------|-----|--|
| <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> No |
|--------------------------|-----|--|

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

FRATERNAL ORDER OF POLICE 29 LANCASTER COUNTY S A

Employer Identification number
47-0604979

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(I)**.
 2 A school described in **section 170(b)(1)(A)(II)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(III)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(III)**. Enter the hospital's name, city, and state _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(IV)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(V)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(VI)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(VI)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III-Functionally integrated d Type III-Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (I) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (II) A family member of a person described in (i) above?
 (III) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

| | Yes | No |
|----------|-----|----|
| 11g(I) | | X |
| 11g(II) | | X |
| 11g(III) | | X |

| (I) Name of supported organization | (II) EIN | (III) Type of organization (described on lines 1-9 above or IRC section (see Instructions)) | (IV) Is the organization in col. (I) listed in your governing document? | (V) Did you notify the organization in col. (I) of your support? | | (VI) Is the organization in col. (I) organized in the U.S.? | (VII) Amount of support |
|------------------------------------|----------|---|---|--|----|---|-------------------------|
| | | | | Yes | No | | |
| | | | | | | | |
| Total | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

FRATERNAL ORDER OF POLICE 29 LANCASTER COUNTY S A

Donation to Torch Run

Line 16 - see statement

Employer Identification number
47-0604979

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

| | | | | |
|--|---|-------|--------------|--|
| Open to Public Inspection | For calendar year 2011 or tax period beginning | 01-01 | , and ending | 12-31-2011 |
| Name of Organization | FRATERNAL ORDER OF POLICE 29 LANCASTER COUNTY S A | | | Employer Identification Number 47-0604979 |
| Primary Purpose | | | | |
| To provide legal defense for members, provide union representation, provide and pay dues to Federal Grand and State Grand in the sum of \$25,408 for legal fee program expenses and \$1,659 for State and Federal Lodge Dues | | | | |

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

| Open to Public Inspection | For calendar year 2011 or tax period beginning | 01-01-2011, and ending | 12-31-2011. | |
|--|---|--|---|--|
| Name of Organization FRATERNAL ORDER OF POLICE 29 LANCASTER COUNTY S A | | | Employer Identification Number 47-0604979 | |
| (A) Name and Title | (B) Average hours per week devoted to position | (C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-) | (D) Cont. to employee ben. plans & def. comp | (E) Expense account & other compensation |
| JAMES BAIRD 575 S 19th St Lincoln, NE 68508 John Vik 575 S 10th St Lincoln, NE 68508 MICHAEL SCRIVEN 575 So th Lincoln, NE 68508 Curt Riks 575 So 10th Lincoln, NE 68508 MICHAEL PESCHONG 575 South 10th Lincoln, NE 68508 | BOARD MEMBER BOARD MEMBER BOARD MEMBER BOARD MEMBER TREASURER | 0 0 0 0 0 | 0 0 0 0 0 | 0 0 0 0 0 |

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

| | | | | |
|---------------------------|---|-------|--------------|--|
| Open to Public Inspection | For calendar year 2011 or tax period beginning | 01-01 | , and ending | 12-31-2011. |
| Name of Organization | FRATERNAL ORDER OF POLICE 29 LANCASTER COUNTY S A | | | Employer Identification Number 47-0604979 |

Part V - Line 42a

Individual Name MICHAEL PESCHONG

or

Business Name:

Street Address 575 S 10TH ST

U.S. Address:

Zip code 68508

City Lincoln

State NE

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number

2011 DETAIL STATEMENTS

FRATERNAL ORDER OF POLICE 29 L
47-0604979

Page 1

STATEMENT #1 - Investment Income (990-EZ PG 1 Line 4)

| | |
|--|-------|
| UNION BANK INTEREST..... | 16 |
| RBC INTEREST | |
| RBC ORDINARY DIVIDENDS..... | 5,649 |
| OID INTEREST..... | 177 |
| TOTAL CARRIED TO 990-EZ PG 1 Line 4..... | 5,842 |

STATEMENT #2 - Gross amt from sales of assets (990-EZ PG 1 Line 5a)

| | |
|---|--------|
| RBC..... | 22,808 |
| TOTAL CARRIED TO 990-EZ PG 1 Line 5a..... | 22,808 |

STATEMENT #3 - Less: cost or other basis (990-EZ PG 1 Line 5b)

| | |
|---|--------|
| RBC..... | 23,469 |
| TOTAL CARRIED TO 990-EZ PG 1 Line 5b..... | 23,469 |

STATEMENT #4 - Benefits Pd to or For Members (990-EZ PG 1 Line 11)

| | |
|---|--------|
| Legal Defense Plan..... | 25,408 |
| TOTAL CARRIED TO 990-EZ PG 1 Line 11..... | 25,408 |

STATEMENT #5 - Other expenses (EOEZ Pg 1 Line 16)

| | |
|---|-------|
| Misc..... | 142 |
| Lodge Dues..... | 1,659 |
| Internet..... | 156 |
| TOTAL CARRIED TO EOEZ Pg 1 Line 16..... | 1,957 |
